

MEDICAL EXAMINER DEPARTMENT PUBLIC INTERMENT PROGRAM NUMBER ONE ON BOB HOPE ROAD MIAMI, FLORIDA 33136-1133 (305) 545-2422 FAX (305) 545-2409

Verbal Cremation Consent			
Decedent 's			
	First/M	iddle/Last	
Name of Pers	on (S) Authorizing Cremat	ion and Dispositio	n
Auth	orized Person	Relationship	to Deceased
Address: —			
City/State & Z	ip Code: ———		·
Telephone Nu	ımber:		
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	ition: 1. Return to Authoriz		Scatter
	nsent to release the remains		
to the Miami-D	Dade County Public Interment	Program was red	ceived on
		(date)	
Received By:			
	Public Interment Program	Representative	
	Hospital/Nursing Home Repr	esentative/Other	Telephone Number

The verbal consent was witnessed by: